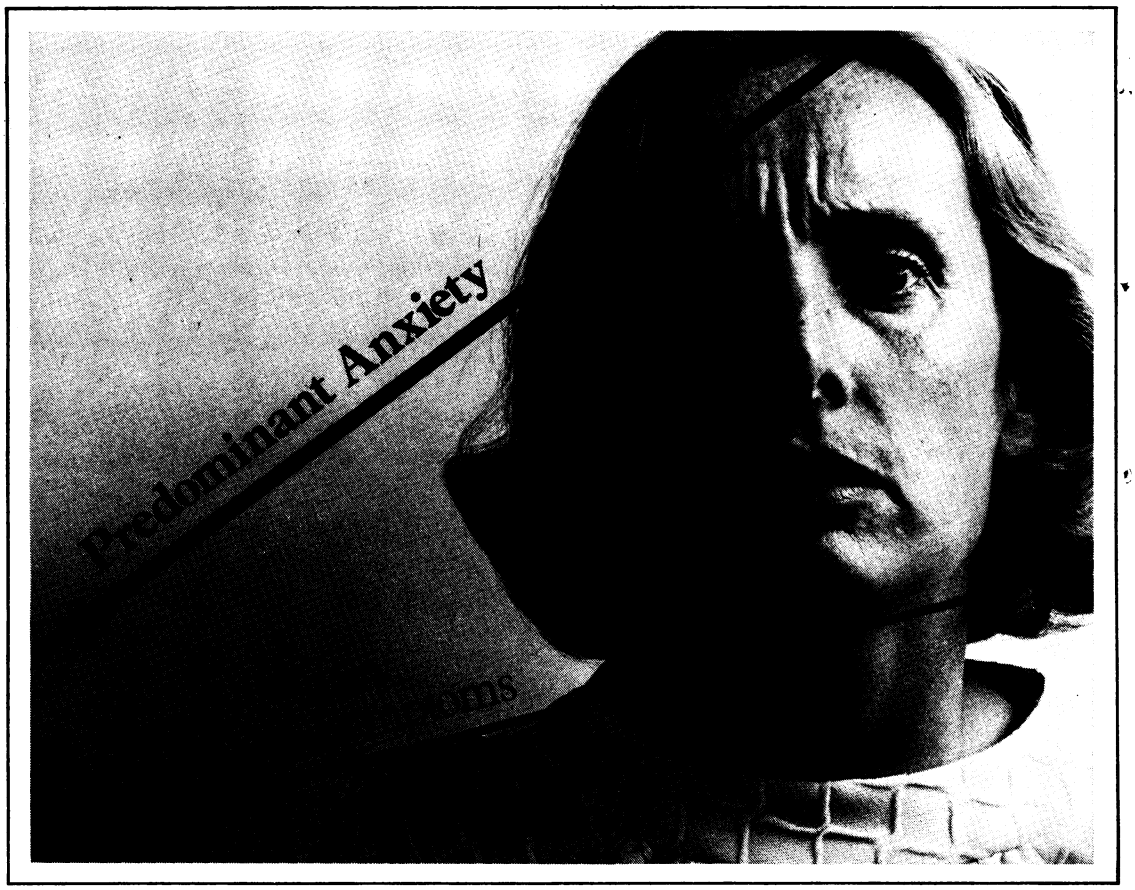



# This psychoneurotic often responds

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

When you determine that the depressive symptoms are associated with or secondary to predominant anxiety in the psychoneurotic patient, consider Valium (diazepam) in addition to reassurance and counseling, for the psychotherapeutic support it provides. As anxiety is relieved, the depressive symptoms referable to it are also often relieved or reduced.

The beneficial effect of Valium is usually pronounced and rapid. Improvement generally becomes evident within a few days, although some patients may require a longer period. Moreover, Valium (diazepam) is generally well tolerated. Side effects most commonly reported are drowsiness, ataxia and fatigue. Caution your patients against engaging in hazardous occupations or driving.

Frequently, the patient's symptoms are greatly intensified at bedtime. In such situations, Valium offers an additional advantage: adding an *h.s.* dose to the *b.i.d.* or *t.i.d.* schedule can relieve the anxiety and thus may encourage a more restful night's sleep.

# symptom complex to Valium® (diazepam)

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

**Valium® 2-mg, 5-mg, 10-mg tablets (diazepam)**

# At Your Service in The Golden State

In the region named *California* by Spanish adventurers probably after the name of a treasure island in a popular Spanish tale . . .

PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MISSOURI 64137

is represented by . . .


Dick Bastin


Vito Bell

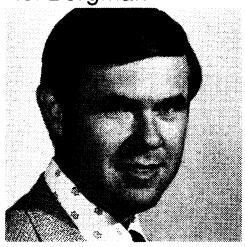

Mel Bergman


Barry Bialkoski


Larry Carver

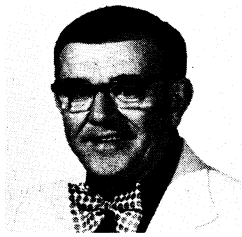

Dave Evans


Bob Fatch


Richard Foss


Dave Hawks


Barry Heilman


Bob Jones


Randy Kennick


Ruth MacKie

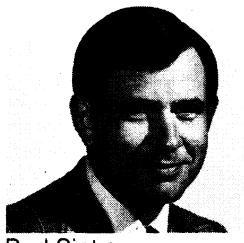

Marty Myers


Bill Palmer

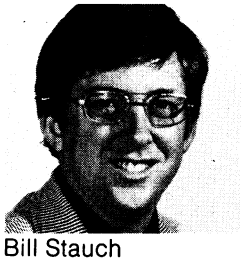

John Patella

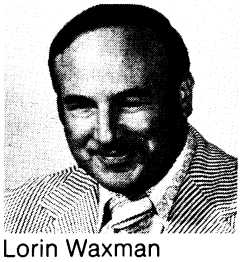

Jim Petric


Mike Ryan


Bud Sinkey


Ernie Smith


Bill Stauch


Lorin Waxman


Frank Yannarell

**These representatives bring you .....**

# Puts comfort in your prescription for nicotinic acid


# NICO-400

# situation:

Chronic disease... requires constant medication... often several different drugs...

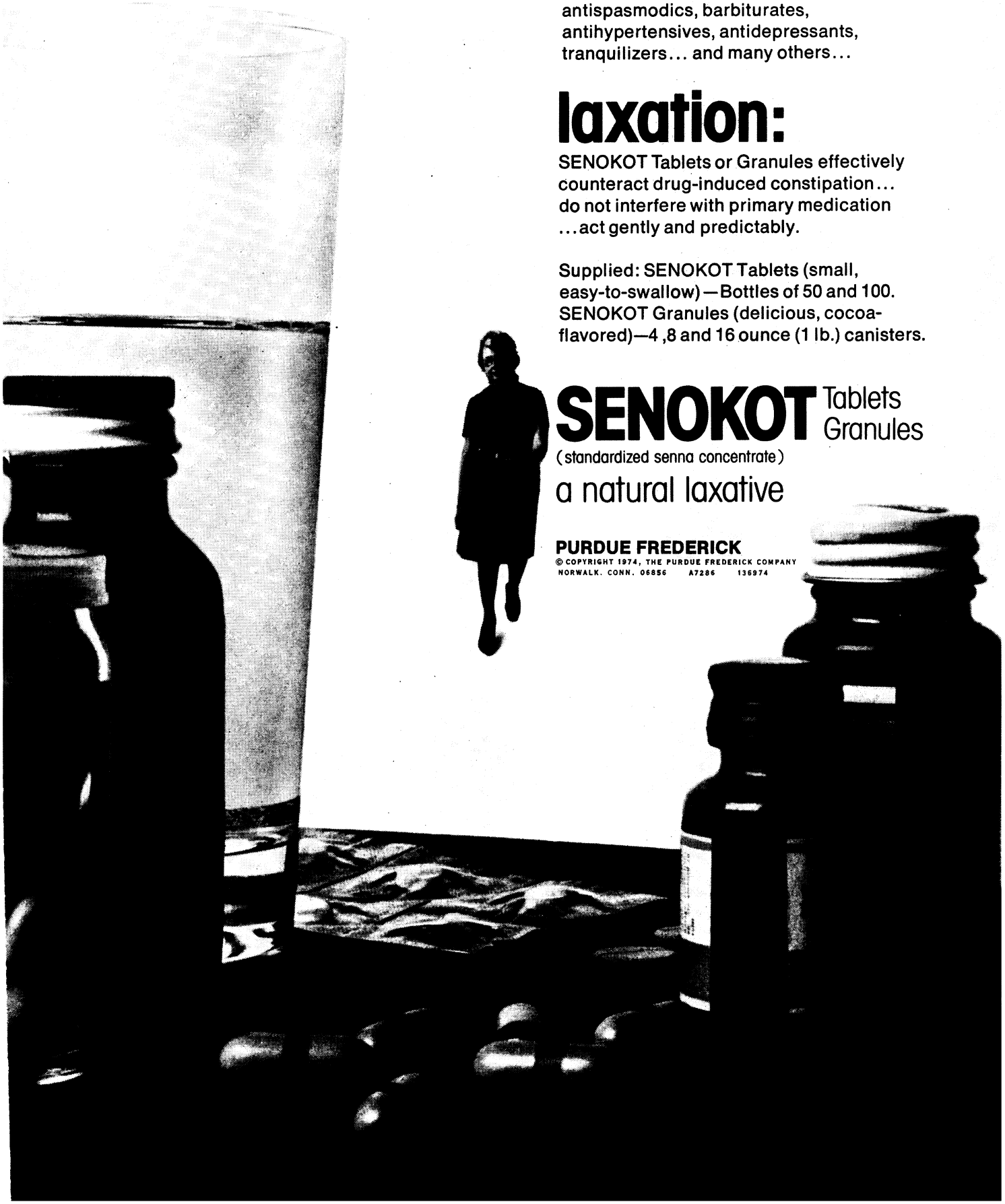
# constipation:

A number of drugs may interfere with the regular bowel action... antacids, anticholinergics, narcotics, antispasmodics, barbiturates, antihypertensives, antidepressants, tranquilizers... and many others...

# laxation:

SENOKOT Tablets or Granules effectively counteract drug-induced constipation... do not interfere with primary medication ...act gently and predictably.

Supplied: SENOKOT Tablets (small, easy-to-swallow)—Bottles of 50 and 100. SENOKOT Granules (delicious, cocoa-flavored)—4 ,8 and 16 ounce (1 lb.) canisters.

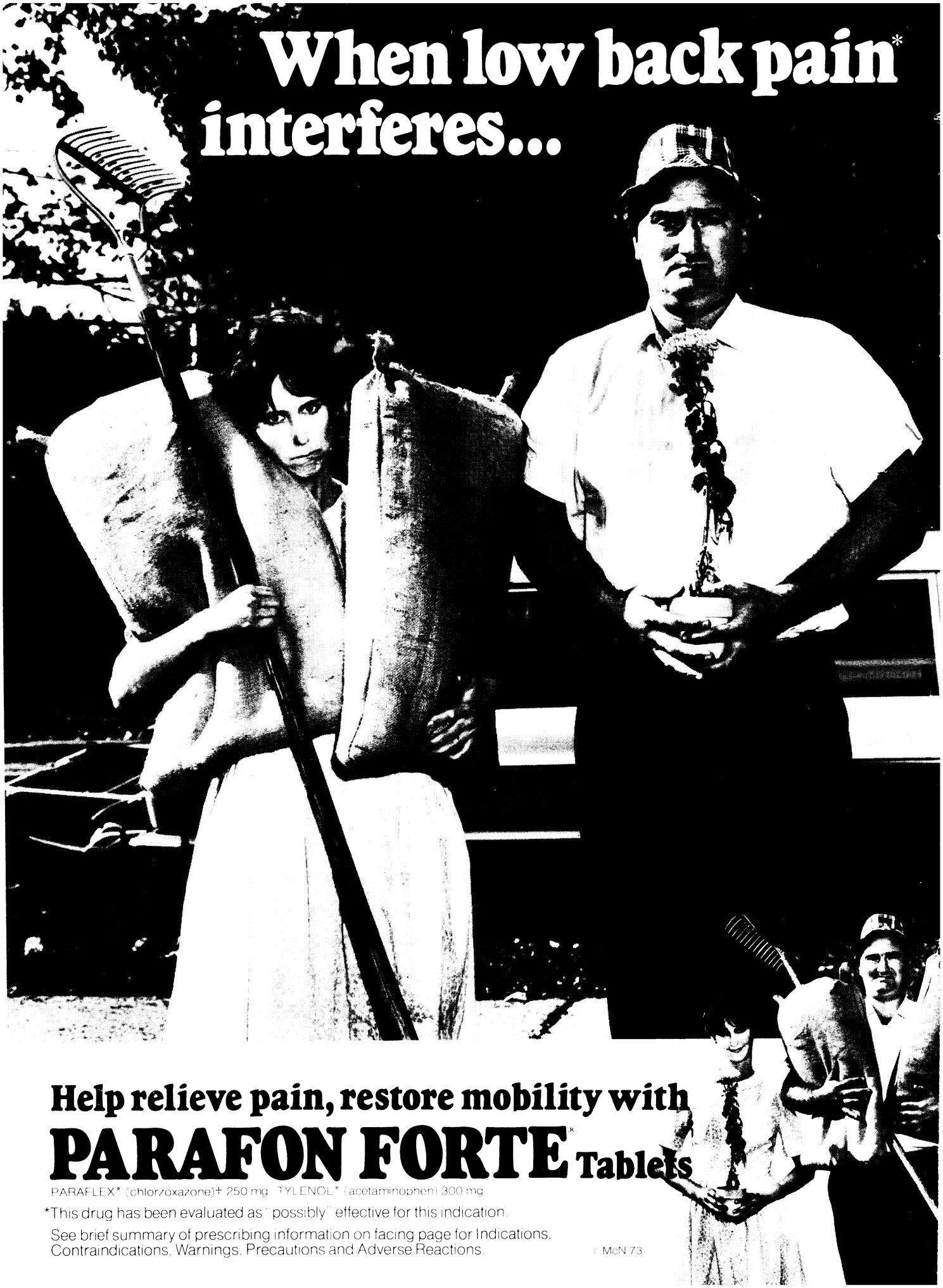


**SENOKOT** Tablets Granules

(standardized senna concentrate)

a natural laxative

**PURDUE FREDERICK**




## Help relieve pain, restore mobility with

# PARAFON FORTE® Tablets

PARAFLEX® (chlorzoxazone)† 250 mg TYLENOL® (acetaminophen) 300 mg

*This drug has been evaluated as "possibly" effective for this indication.

See brief summary of prescribing information on facing page for Indications, Contraindications, Warnings, Precautions and Adverse Reactions.


20 mg CAPSULES

# [CROMOLYN SODIUM]

# aarane®

**may decrease the severity of clinical symptoms of asthma, or the need for concomitant therapy, or both.**

*aarane* is *different.* It is neither a bronchodilator, nor an antihistamine, nor an anti-inflammatory. The *aarane* mechanism of action is *prophylactic.* Because of this, *aarane* has no role in the treatment of an acute attack of asthma.

*In vitro* and *in vivo* animal studies have shown that *aarane* interferes with the chain of events *before* the release of chemical mediators of the asthma process. *aarane appears to inhibit the release of these mediators.*

Prophylactic in mechanism of action—significantly different in its delivery system—*aarane* may decrease the severity of clinical symptoms of asthma, or the need for concomitant therapy, or both.

BECAUSE THIS DRUG AND ITS DELIVERY SYSTEM ARE UNIQUE, THE PHYSICIAN IS ENCOURAGED TO OBTAIN ADDITIONAL INFORMATION FROM HIS LOCAL SYNTEX REPRESENTATIVE.

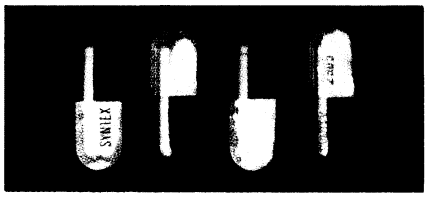
SEE LAST PAGE FOR BRIEF SUMMARY.

SYNTEX

# aarane® 20 mg CAPSULES

# [CROMOLYN SODIUM]

DOSAGE IS ONE *aarane* CAPSULE FOUR TIMES DAILY.



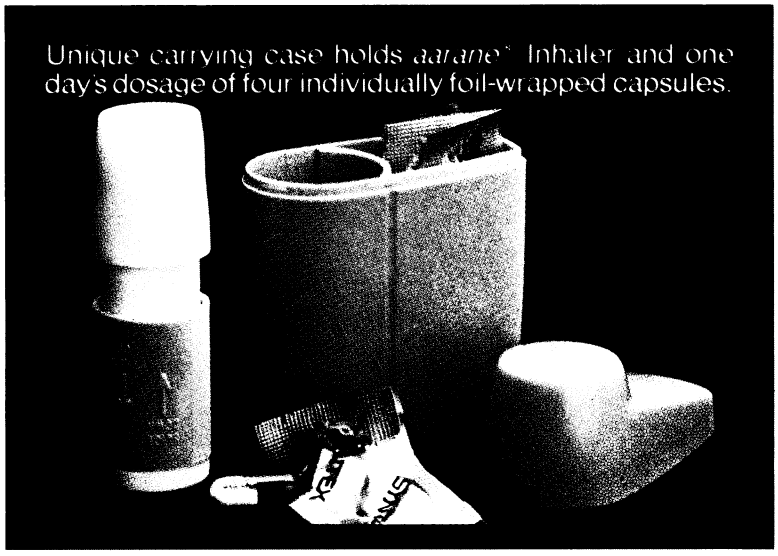
## INDICATIONS

*aarane* (cromolyn sodium) is indicated as an adjunct in the management of patients with severe perennial bronchial asthma. Such patients must have a significant bronchodilator-reversible component to their airway obstruction as demonstrated by a generally accepted pulmonary function test of airway mechanics. *aarane* has no role in the treatment of an acute attack of asthma, especially status asthmaticus.

If improvement occurs, it will ordinarily occur within the first two-to-four weeks of administration, as manifested by a decrease in the severity of clinical symptoms of asthma, or in the need for concomitant therapy, or both.

A decision to continue the administration of *aarane* on a long term basis is justified if introduction of the drug into the patient's regimen:

- produces a significant reduction in the severity of the clinical symptoms of asthma, or
- permits a significant reduction in or elimination of steroids, or
- permits better management of patients who have intolerable side effects to sympathomimetic agents or methylxanthines.




## CONTRAINDICATIONS

*aarane* is contraindicated in those patients who have shown hypersensitivity to it.

## WARNINGS

***aarane* HAS NO ROLE IN THE TREATMENT OF AN ACUTE ATTACK OF ASTHMA, ESPECIALLY STATUS ASTHMATICUS.**

In some animal toxicity studies, a previously unreported proliferative arterial lesion found predominantly in the kidneys occurred in both treated and untreated macaque monkeys. The possibility that the increased incidence of the lesion in the treated monkeys is due to the administration of cromolyn sodium can neither be affirmed nor refuted. (For additional details, see Animal Toxicology in the package insert.) The relevance of these data to man is unknown. In considering the long term administration of cromolyn sodium to a patient, the physician should take into consideration the possible risk as well as the degree of efficacy achieved in the individual patient.

In view of the biliary and renal routes of excretion for *aarane,* (cromolyn sodium), consideration should be given to decreasing the dosage or discontinuing the administration of the drug in patients with impaired renal or hepatic function.

Eosinophilic pneumonia has been reported rarely in association with the administration of cromolyn sodium. If this occurs the drug should be discontinued.

***Use in pregnancy:*** Reproduction studies have been performed in rabbits, rats and mice. Adverse fetal effects (increased resorptions, decreased fetal weight) were noticed only at very high parenteral doses that produced maternal toxicity. The relevance to the human is not known. Since there is no experience in pregnant women who have received this drug, safety in pregnancy has not been established and its use in pregnancy is not recommended.

***Use in children:*** Clinical experience in children under 5 years of age is limited due to the necessity for administration by inhalation. Use of *aarane* is not recommended for such children. Because of the possibility that adverse effects of the drug could become apparent only after many years, a benefit-risk consideration of the long term use of *aarane* is particularly important in pediatric patients.

## PRECAUTIONS

Occasionally patients may experience cough and/or bronchospasm following *aarane* inhalation. At times, patients with *aarane* induced bronchospasm may not be able to continue its administration despite prior bronchodilator administration.

Symptoms of asthma may recur if *aarane* is reduced below the recommended dosage, or discontinued.

## ADVERSE REACTIONS

Instances of maculopapular rash and urticaria, which have been reported, have cleared promptly upon withdrawing the drug. Occasionally patients may experience cough and/or bronchospasm following *aarane* inhalation.

## HOW SUPPLIED

*aarane*® (cromolyn sodium) capsules, each containing 20 mg. cromolyn sodium in strips of four capsules each, in trade packages of 60 capsules. *aarane* Inhalers are supplied separately in individual containers.

Caution: Federal law prohibits dispensing without prescription.

SYNTEX
SYNTEX LABORATORIES, INC.
PALO ALTO, CALIFORNIA 94304

# Sign of a cold* sufferer Time for Ornade®

Each Spansule® capsule contains 8 mg. Teldrin® (brand of chlorpheniramine maleate); 50 mg. phenylpropanolamine hydrochloride; 2.5 mg. isopropamide, as the iodide.

## Fast relief of nasal congestion and hypersecretion* with convenient b.i.d. dosage.

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

* **Indications**
Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Possibly effective: For relief of upper respiratory tract congestion and hypersecretion associated with vasomotor rhinitis and allergic rhinitis, and for prolonged relief.

Lacking in substantial evidence of effectiveness: For relief of nasal congestion and hypersecretion associated with the common cold and sinusitis.

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Hypersensitivity to any component; concurrent MAO inhibitor therapy; severe hypertension; bronchial asthma; coronary artery disease; stenosing peptic ulcer; pyloroduodenal or bladder neck obstruction. Children under 6.

**Warnings:** Caution patients about activities requiring alertness (e.g., operating vehicles or machinery). Warn patients of possible additive effects with alcohol and other CNS depressants.

*Usage in Pregnancy:* In pregnancy, nursing mothers and women who might bear children, weigh potential benefits against hazards. Inhibition of lactation may occur.

*Effect on PBI Determination and $I^{131}$ Uptake:* Isopropamide iodide may alter PBI test results and will suppress $I^{131}$ uptake. Substitute thyroid tests unaffected by exogenous iodides.

**Precautions:** Use cautiously in persons with cardiovascular disease, glaucoma, prostatic hypertrophy, hyperthyroidism.

**Adverse Reactions:** Drowsiness, excessive dryness of nose, throat or mouth; nervousness; or insomnia. Also, nausea, vomiting, epigastric distress, diarrhea, rash, dizziness, weakness, chest tightness, angina pain, abdominal pain, irritability, palpitation, headache, incoordination, tremor, dysuria, difficulty in urination, thrombocytopenia, leukopenia, convulsions, hypertension, hypotension, anorexia, constipation, visual disturbances, iodine toxicity (acne, parotitis).

**Supplied:** Bottles of 50 capsules.

SK&F **Smith Kline & French Laboratories**
Division of SmithKline Corporation, Philadelphia, Pa. 19101

# Tofranil-PM®
## imipramine pamoate

## Capsules* of 75 mg. and 150 mg.

## Provides the therapeutic effectiveness of divided daily doses with no loss of safety.

*Each capsule contains imipramine pamoate equivalent to 75 mg. or 150 mg. of imipramine hydrochloride.

# One dose lasts from bedtime to bedtime.

For single-dose therapy in depression when the dosage is established.

- facilitates optimal daily dosage with the 150-mg. capsule—for many patients the dosage needed for optimal relief.
- may markedly reduce the probability of missed doses.
- offers dosage convenience that assures greater patient cooperation.
- becomes part of the regular bedtime routine—making it easier to establish a more reliable pattern of self-medication.
- offers the therapeutic equivalency of divided daily doses of Tofranil®, imipramine hydrochloride, with no loss of efficacy or safety.
- has the convenience and flexibility of single daily dosage strengths.
- saves time and cost of dosage administration in the hospital.

Please read the prescribing information for details of usage, precautions, warnings, contraindications, adverse experiences, and dosage recommendations. A summary of this information appears on the following page.

# Tofranil-PM® Geigy
## imipramine pamoate

# Capsules* of 75 mg. and 150 mg.

*Each capsule contains imipramine pamoate equivalent to 75 mg. or 150 mg. of imipramine hydrochloride.

# One dose lasts from bedtime to bedtime.

**Tofranil-PM®**
**brand of imipramine pamoate**
**Tofranil®**
**brand of imipramine hydrochloride USP**

**Indications:** For the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

**Contraindications:** The concomitant use of monoamine oxidase inhibiting compounds is contraindicated. Hyperpyretic crises or severe convulsive seizures may occur in patients receiving such combinations. The potentiation of adverse effects can be serious, or even fatal. When it is desired to substitute Tofranil, brand of imipramine hydrochloride, in patients receiving a monoamine oxidase inhibitor, as long an interval should elapse as the clinical situation will allow, with a minimum of 14 days. Initial dosage should be low and increases should be gradual and cautiously prescribed.
The drug is contraindicated during the acute recovery period after a myocardial infarction.
Patients with a known hypersensitivity to this compound should not be given the drug. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind.

**Warnings:** *Usage in Pregnancy:* Safe use of imipramine during pregnancy and lactation has not been established; therefore, in administering the drug to pregnant patients, nursing mothers, or women of childbearing potential, the potential benefits must be weighed against the possible hazards. Animal reproduction studies have yielded inconclusive results. There have been clinical reports of congenital malformation associated with the use of this drug, but a causal relationship has not been confirmed.
Extreme caution should be used when this drug is given to:
- —patients with cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia;
- —patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties;
- —hyperthyroid patients or those on thyroid medication because of the possibility of cardiovascular toxicity;
- —patients with a history of seizure disorder because this drug has been shown to lower the seizure threshold;
- —patients receiving guanethidine or similar agents since imipramine may block the pharmacologic effects of these drugs.

*Usage in Children:* Pending evaluation of results from clinical trials in children, Tofranil, brand of imipramine hydrochloride, is not recommended for treatment of depression in patients under twelve years of age.
Tofranil-PM, brand of imipramine pamoate, should not be used in children of any age because of the increased potential for acute overdosage due to the high unit potency (75 mg. and 150 mg.). Each capsule contains imipramine pamoate equivalent to 75 mg. or 150 mg. imipramine hydrochloride.
Since imipramine may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as operating an automobile or machinery, the patient should be cautioned accordingly.

**Precautions:** It should be kept in mind that the possibility of suicide in seriously depressed patients is inherent in the illness and may persist until significant remission occurs. Such patients should be carefully supervised during the early phase of treatment with Tofranil, brand of imipramine hydrochloride, and may require hospitalization. Prescriptions should be written for the smallest amount feasible.
Hypomanic or manic episodes may occur, particularly in patients with cyclic disorders. Such reactions may necessitate discontinuation of the drug. If needed, Tofranil, brand of imipramine hydrochloride, may be resumed in lower dosage when these episodes are relieved. Administration of a tranquilizer may be useful in controlling such episodes.
Prior to elective surgery, imipramine hydrochloride should be discontinued for as long as the clinical situation will allow.
An activation of the psychosis may occasionally be observed in schizophrenic patients and may require reduction of dosage and the addition of a phenothiazine.
In occasional susceptible patients or in those receiving anticholinergic drugs (including antiparkinsonism agents) in addition, the atropine-like effects may become more pronounced (e.g., paralytic ileus). Close supervision and careful adjustment of dosage is required when this drug is administered concomitantly with anticholinergic or sympathomimetic drugs.
Avoid the use of preparations, such as decongestants and local anesthetics, which contain any sympathomimetic amine (e.g., adrenalin, noradrenalin), since it has been reported that tricyclic antidepressants can potentiate the effects of catecholamines.
Patients should be warned that the concomitant use of alcoholic beverages may be associated with exaggerated effects.
Both elevation and lowering of blood sugar levels have been reported.
Concurrent administration of imipramine with electroshock therapy may increase the hazards; such treatment should be limited to those patients for whom it is essential, since there is limited clinical experience.

**Adverse Reactions:** Note: Although the listing which follows includes a few adverse reactions which have not been reported with this specific drug, the pharmacological similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when imipramine is administered.
*Cardiovascular:* Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke, falls.
*Psychiatric:* Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.
*Neurological:* Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.
*Anticholinergic:* Dry mouth, and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.
*Allergic:* Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (general or of face and tongue); drug fever; cross-sensitivity with desipramine.
*Hematologic:* Bone marrow depression including agranulocytosis; eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathological neutrophil depression.
*Gastrointestinal:* Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, black tongue.
*Endocrine:* Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.
*Other:* Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness and fatigue; headache; parotid swelling; alopecia.
*Withdrawal Symptoms:* Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache and malaise.

**Dosage and Administration:** Lower dosages are recommended for elderly patients and adolescents. Lower dosages are also recommended for outpatients as compared to hospitalized patients who will be under close supervision. Dosage should be initiated with Tofranil, brand of imipramine hydrochloride, at a low level and increased gradually, noting carefully the clinical response and any evidence of intolerance. Following remission, maintenance medication may be required for a longer period of time, at the lowest dose that will maintain remission.
Once-a-day maintenance dosage can be provided with Tofranil-PM, brand of imipramine pamoate, capsules if this dosage has been established as explained above. This dose may be given at bedtime. For the occasional patient who manifests stimulation and insomnia with this dosage regimen, the capsules may be given in the morning.
Parenteral administration should be used only for starting therapy in patients unable or unwilling to use oral medication. The oral form should supplant the injectable as soon as possible.

**How Supplied:** Tofranil, brand of imipramine hydrochloride: Round tablets of 25 and 50 mg.; triangular tablets of 10 mg.; and ampuls, each containing 25 mg. in 2 cc. for I.M. administration.
Tofranil-PM, brand of imipramine pamoate: Capsules of 75 and 150 mg. (Each capsule contains imipramine pamoate equivalent to 75 or 150 mg. of imipramine hydrochloride.)
(B) 98-146-850-O (12/73)

**For complete details, including dosage and administration, please refer to the full prescribing information.**

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

TO 9848


# Safflower oil margarine helps reduce blood cholesterol.*

## Doctor's view:

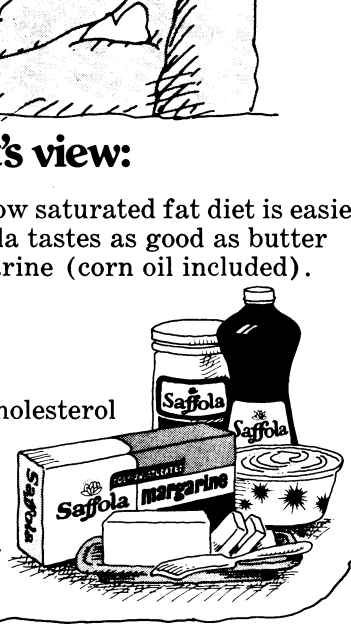
From where you sit, it's important that safflower oil is 30% higher in poly-unsaturates than corn oil. That means that margarine, cooking oil, and mayonnaise are higher in poly-unsaturates when made from safflower oil than when made from corn oil.

# Saffola® margarine tastes like butter.

## Patient's view:

From where he sits, a low saturated fat diet is easier to follow because Saffola tastes as good as butter or any premium margarine (corn oil included).

Usually there are two sides to a low cholesterol diet—the clinical side and the human side. Happily, in the case of Saffola, you and your patients don't have to take sides.




**Saffola**

*in conjunction with a low saturated fat diet

# Must vasodilators and therapy for other diseases come into conflict?

## not if the vasodilator is

# VASODILAN®
## (ISOXSUPRINE HCl)

## the compatible vasodilator... no treatment conflicts reported

The cerebral or peripheral vascular disease patient often has coexisting disease[1] which calls for another drug along with his vasodilator. It may be a hypoglycemic, miotic, antihypertensive, diuretic, anticoagulant, corticosteroid, or coronary vasodilator.

Vasodilan is not incompatible with any of these drugs—no treatment conflict has been reported. And, unlike other vasodilators, Vasodilan has not been reported to affect carbohydrate metabolism, liver function, or intraocular pressure—or to complicate treatment of diabetes, hypertension, peptic ulcer, glaucoma, or liver disease.

In fact, there are no known contraindications to the use of Vasodilan in recommended oral doses, other than that it should not be given in the presence of frank arterial bleeding or immediately postpartum.

1. Gertler, M. M., et al.: Geriatrics *25*:134-148 (May) 1970.

**Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

**Composition:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

**Dosage and Administration:** 10 to 20 mg. three or four times daily.

**Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

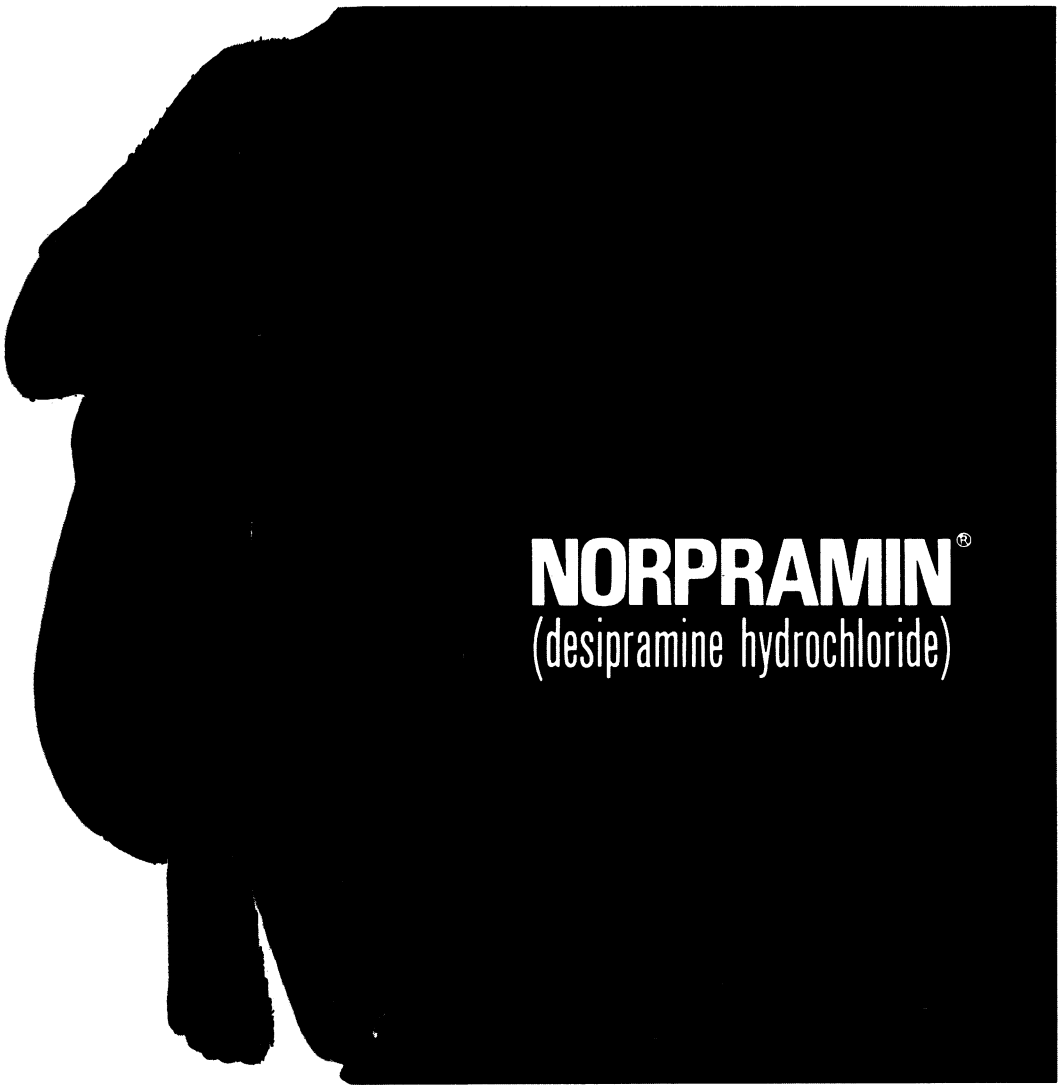
**Adverse Reactions:** On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

**Supplied:** Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500 and Unit Dose.



Mead Johnson LABORATORIES

When you see anxiety-
NORPRAMIN
(desipramine hydrochloride)



# NORPRAMIN®
## (desipramine hydrochloride)

*Anxiety is an invidious symptom. It feeds upon sickness, gnaws, grows and invades every cranny of psychic pathology adding intensity to torment. Anxiety as a symptom secondary to depression may be so dominant that it obscures the primary diagnosis. It may suggest treatment with tranquilizers which often help. But as the vampire of legend had to have a laurel stake driven through its heart to truly die, so anxiety secondary to depression will not cease to nibble and bite until an antidepressant eradicates the primary illness—and symptomatic anxiety starves.*

**IN BRIEF:**

**Indications:** Norpramin® (desipramine hydrochloride) is indicated for the relief of depressive symptoms. Endogenous depressions are more likely to be alleviated than others.

**Contraindications:** Desipramine hydrochloride should not be given within two weeks of treatment with a monoamine oxidase inhibitor. Contraindications include the acute recovery period following myocardial infarction and hypersensitivity to the drug. Cross sensitivity with other dibenzazepines is a possibility.

**Warnings:** 1. Extreme caution should be used in patients: (a) with cardiovascular disease, (b) with a history of urinary retention or glaucoma, (c) with thyroid disease or those on thyroid medication, (d) with a history of seizure disorder. 2. This drug is capable of blocking the antihypertensive effect of guanethidine and similarly acting compounds. 3. *Use in Pregnancy:* Safe use during pregnancy and lactation has not been established. 4. *Use in Children:* Norpramin® (desipramine hydrochloride) is not recommended for use in children. 5. This drug may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. Therefore, the patient should be cautioned accordingly.

**Precautions:** This drug should be dispensed in the least possible quantities to depressed outpatients, since suicide has been accomplished with drugs of this class. If possible, dispense in child-resistant containers. It should be kept out of reach of children. Reduce dosage, or alter treatment, if serious adverse effects occur. Norpramin® (desipramine hydrochloride) therapy in patients with manic-depressive illness may induce a hypomanic state after the depressive phase terminates and may cause exacerbation of phychosis in schizophrenic patients. Use cautiously with anticholinergic or sympathomimetic drugs. Response to alcoholic beverages may be exaggerated. In the concurrent administration of ECT and antidepressant drugs one should consider the possibility of increased risk relative to benefits. Discontinue as soon as possible prior to elective surgery because of possible cardiovascular effects. Hypertensive episodes have been observed during surgery in patients on desipramine hydrochloride. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is neutropenia.

**Adverse Reactions:** *Cardiovascular:* hypotension, hypertension, tachycardia, palpitation, arrhythmias, heart block, myocardial infarction, stroke. *Psychiatric:* confusional states (especially in the elderly), hallucinations, disorientation, delusions; anxiety, agitation; insomnia and nightmares; hypomania; exacerbation of phychosis. *Neurological:* paresthesias of extremities; incoordination, ataxia, tremors, peripheral neuropathy; extrapyramidal symptoms; seizures; alteration in EEG patterns; tinnitus. *Anticholinergic:* dry mouth, and rarely associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, hypotonic bladder. *Allergic:* skin rash, petechiae, urticaria, itching, photosensitization, edema (of face and tongue or general), drug fever. *Hematologic:* agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* anorexia, nausea and vomiting, epigastric distress, peculiar taste, abdominal cramps, diarrhea, stomatitis, black tongue. *Endocrine:* gynecomastia; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence, testicular swelling; elevation or depression of blood sugar levels. *Other:* jaundice (simulating obstructive), altered liver function; weight gain or loss; perspiration, flushing; urinary frequency, nocturia; parotid swelling; drowsiness, dizziness, weakness and fatigue, headache; alopecia. *Withdrawal Symptoms:* Though not indicative of addiction, abrupt cessation after prolonged therapy may produce nausea, headache and malaise.

**Dosage and Administration:** *The usual adult dose:* 50 mg. three times daily; increase if necessary after 7 to 10 days to maximum of 200 mg. daily. Dosages above 200 mg. per day are not recommended. *Maintenance:* At a lower dose adequate to maintain remission. *Adolescent and geriatric patient dose:* 25 to 50 mg. daily if necessary.

**Overdosage:** There is no specific antidote for desipramine, nor are there specific phenomena of diagnostic value characterizing poisoning by the drug. The principles of management of coma and shock by means of the mechanical respirator, cardiac pacemaker, monitoring of central venous pressure and regulation of fluid- and acid-base balance are well known in most medical centers. If heart failure is imminent, digitalize promptly.

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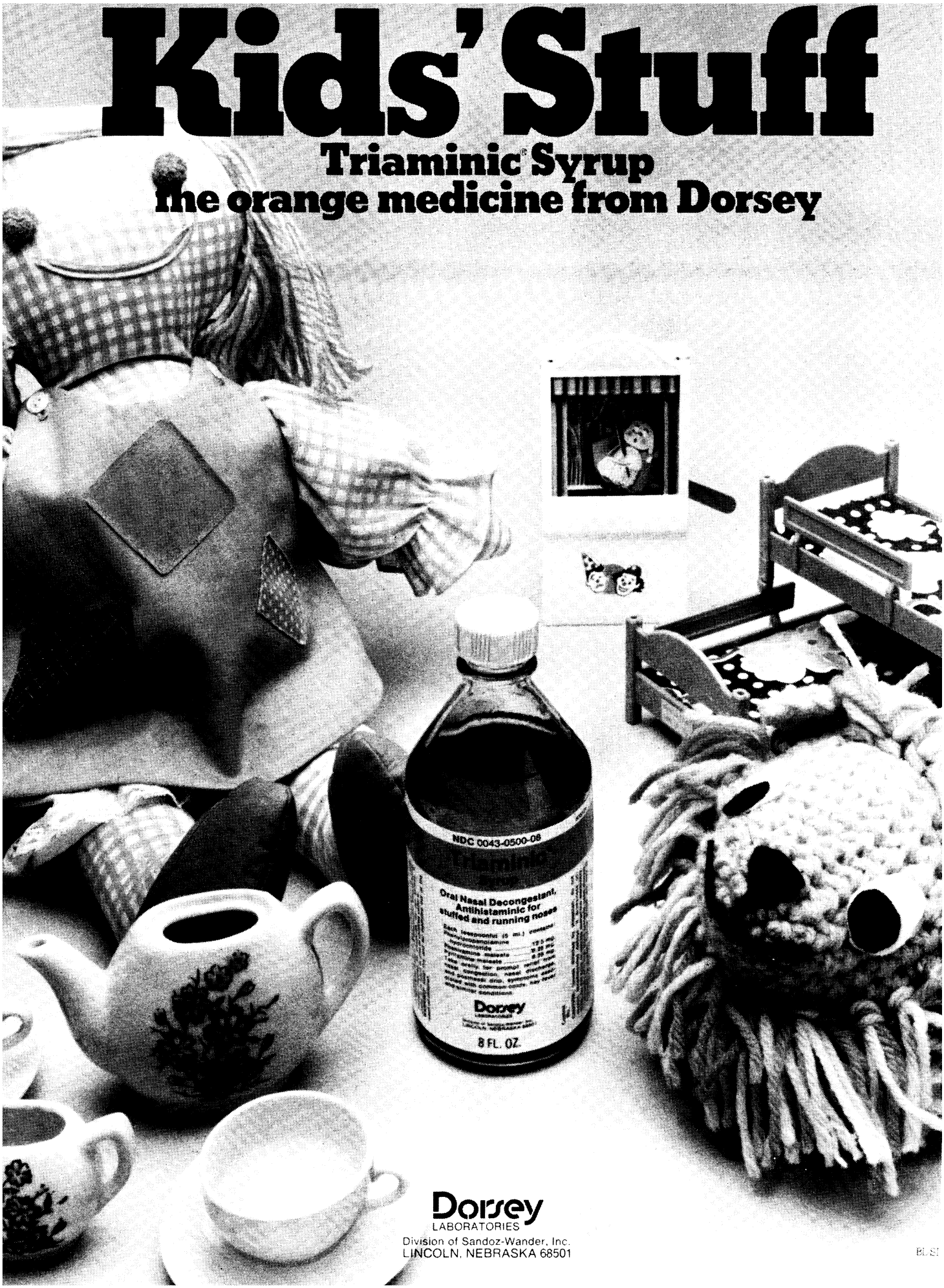


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*(Continued on Page 28)*

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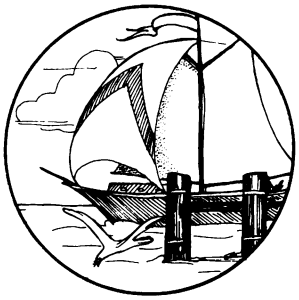
**April 4-5, 1974**

- Chemotherapy of Metastatic Neoplasia
- Clinical Application of Radioisotope Techniques
- Breast Cancer
- Dilemmas in Treating Prostatic Cancer
- Psychotropic Drugs
- Alcoholism
- General Problems in Surgery and Anesthesia
- Headaches
- Venereal Disease
- Pediatric Cardiology
- Croup



### CONFERENCE ON PHYSICAL FITNESS AND SPORTS MEDICINE

*HILTON INN—SAN DIEGO*

**April 19-20, 1974**

- Physiological Effects of Exercise
- Exercise in the Diagnosis of Heart Disease
- Radiographic Diagnosis of Athletic Injuries
- Nutrition and Athletic Performance
- Heart Disease Risk Factor Modification through Multi-Media Education
- ENT Disorders in Athletics
- Conditioning of the Middle-Aged Athlete
- Problems of the Jogger
- Injections in Athletic Medicine
- Psychological Effects of Physical Conditioning
- Rehabilitation of the Coronary Heart Disease Patient
- Neurological Injury

### SAN JOAQUIN VALLEY COUNTIES

*THE AHWAHNEE—YOSEMITE*

**May 3-4, 1974**

- Hypertension
- Malignant Hypertension
- The Kidney and Hypertension
- Myocardial Infarction
- Vitamin E and Coronary Heart Disease
- Coronary Bypass Grafts
- Experimental Use of Polyunsaturated Ruminant Fats
- Artificial Joint Replacement
- Sex Counselling

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☐ SAN JOAQUIN VALLEY
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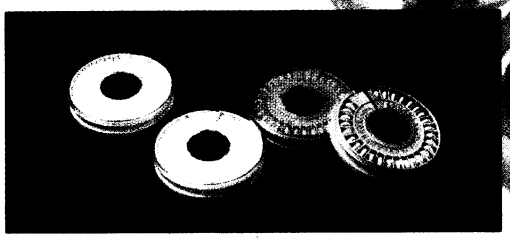

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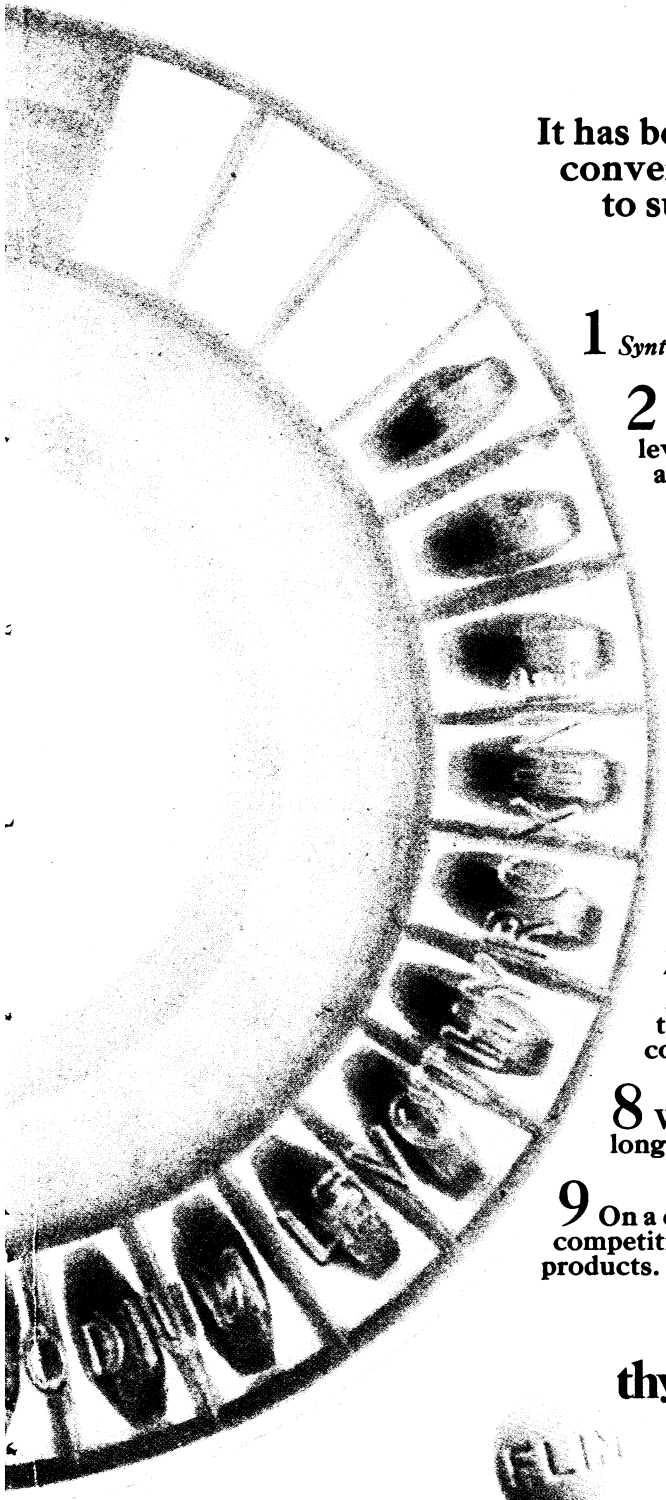
**Precautions:** As with other thyroid preparations, an overdosage of SYNTHROID (sodium levothyroxine) may cause diarrhea or cramps, nervousness, tremors, tachycardia, vomiting and continued weight loss. These effects may begin after four or five days or may not become apparent for one to three weeks. Patients receiving the drug should be observed closely for signs of thyrotoxicosis. If indications of overdosage appear, discontinue medication for 2-6 days, then resume at a lower dosage level. In patients with diabetes mellitus, careful observations should be made for changes in insulin or other antidiabetic drug dosage requirements. If hypothyroidism is accompanied by adrenal insufficiency, such as Addison's Disease (chronic adrenocortical insufficiency), Simmonds's Disease (panhypopituitarism) or Cushing's syndrome (hyperadrenalism), these dysfunctions must be corrected prior to and during SYNTHROID (sodium levothyroxine) administration. The drug should be administered with caution to patients with cardiovascular disease; development of chest pains or other aggravations of cardiovascular disease requires a reduction in dosage.

**Contraindications:** Thyrotoxicosis, acute myocardial infarction. **Side effects:** The effects of SYNTHROID (sodium levothyroxine) therapy are slow in being manifested. Side effects, when they do occur, are secondary to increased rates of body metabolism; sweating, heart palpitations with or without pain, leg cramps, and weight loss. Diarrhea, vomiting, and nervousness have also been observed. Myxedematous patients with heart disease have died from abrupt increases in dosage of thyroid drugs. Careful observation of the patient during the beginning of any thyroid therapy will alert the physician to any untoward effects.



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2 Because $T_4$ converts to $T_3$ at the cellular level, it provides full thyroid replacement at maintenance doses.[1, 2]

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4 *Synthroid* is assayed chemically; no biologic test is necessary to measure potency.

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1. Braverman, L. E., Ingbar, S. H., and Sterling, K.: Conversion of Thyroxine ($T_4$) to Triiodothyronine ($T_3$) in Athyreotic Human Subjects, J. Clin. Invest. *49*:855-64, 1970.
2. Surks, M. I., Schadlow, A. R., and Oppenheimer, J. H.: A New Radioimmunoassay for Plasma L-Triiodothyronine: Measurements in Thyroid Disease and in Patients Maintained on Hormonal Replacement. J. Clin. Invest. *51*:3104-13, 1972.



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(Continued from Page 24)

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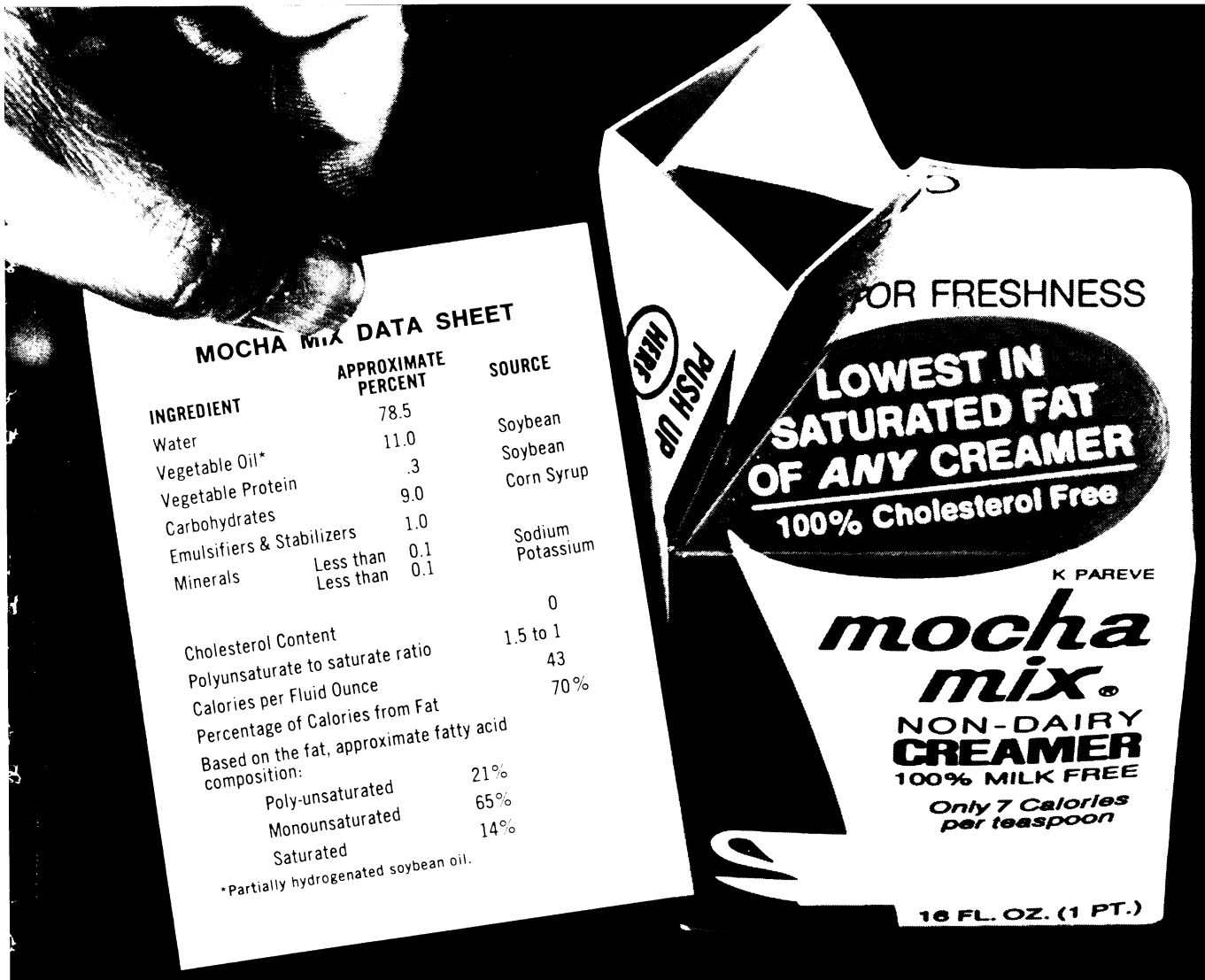


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"...that's a good place to start! Did you find anything wrong with her?"

**Treatment with TRIAVIL—a balanced view.**

Tablets TRIAVIL are available in four different combinations affording flexibility and individualized dosage adjustment. Close supervision of patients is essential until satisfactory remission has taken place. Since suicide is a possibility in any depressive illness, patients should not have easy access to large quantities of the drug. The drug may impair alertness and potentiate the response to alcohol. It should not be used during the acute recovery phase following myocardial infarction or given to patients who have received an MAOI within two weeks. TRIAVIL should be used with caution in glaucoma and in patients prone to urinary retention. It is contraindicated in CNS depression and in the presence of evidence of bone marrow depression.

MSD MERCK SHARP DOHME

For a brief summary of prescribing information, please turn to the following page.

"Not a thing... negative... nothing organically wrong. Still has a fair list of somatic complaints. I've tried to reassure her... to let her talk... to help her sort things out. She's been in to see me a number of times."

"...what about medication?"

"Just what I was coming to... I've had her on tranquilizers. And *that's* what puzzles me. I'm not getting the response I hoped for. She's no better... perhaps a little worse. It's sad to see."

"...I think *'sad'* may be what you're not seeing! You know, this sounds like another case where the *anxiety* is so clear and pervasive we tend to overlook the depressive part of the picture. I'm not sure that we shouldn't almost always think of anxiety *with* depression... not anxiety alone. Take another look at your records... talk to her some more. If you decide she's depressed, I think you might want to consider TRIAVIL.... It can help relieve her entire symptom complex... control the anxiety... while at the same time treat the depression."

# TRIAVIL®

containing perphenazine and amitriptyline HCl

## to help treat what you often find: obvious moderate to severe anxiety with a less obvious underlying depression

## a tranquilizer-antidepressant

**Available:**
TRIAVIL® 2-25: Each tablet contains
2 mg. perphenazine and 25 mg. amitriptyline HCl
TRIAVIL® 2-10: Each tablet contains
2 mg. perphenazine and 10 mg. amitriptyline HCl
TRIAVIL® 4-25: Each tablet contains
4 mg. perphenazine and 25 mg. amitriptyline HCl
TRIAVIL® 4-10: Each tablet contains
4 mg. perphenazine and 10 mg. amitriptyline HCl

**INITIAL THERAPY FOR MANY PATIENTS**
TRIAVIL® 2-25 (or TRIAVIL® 4-25) t.i.d. or q.i.d.

**FOR FLEXIBILITY IN ADJUSTING MAINTENANCE THERAPY**
TRIAVIL® 2-10 (or TRIAVIL® 4-10)

**CONTRAINDICATIONS:** Central nervous system depression from drugs (barbiturates, alcohol, narcotics, analgesics, antihistamines); bone marrow depression; known hypersensitivity to phenothiazines or amitriptyline. Do not give concomitantly with MAOI drugs because hyperpyretic crises, severe convulsions, and deaths have occurred from such combinations. Allow minimum of 14 days between therapies, then initiate therapy with TRIAVIL cautiously, with gradual increase in dosage until optimum response is achieved. Not recommended for use during acute recovery phase following myocardial infarction.

**WARNINGS:** TRIAVIL should not be given with guanethidine or similarly acting compounds. Use cautiously in patients with history of urinary retention, angle-closure glaucoma, increased intraocular pressure, or convulsive disorders. Patients with cardiovascular disorders should be watched closely. Tricyclic antidepressants, including amitriptyline HCl, particularly in high doses, have been reported to produce arrhythmias, sinus tachycardia, and prolongation of conduction time. Myocardial infarction and stroke have been reported with tricyclic antidepressant drugs. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. Caution patients performing hazardous tasks, such as operating machinery or driving motor vehicles, that drug may impair mental and/or physical abilities. Not recommended in children or during pregnancy.

**PRECAUTIONS:** Suicide is a possibility in depressed patients and may remain until significant remission occurs. Such patients should not have access to large quantities of this drug.

**Perphenazine:** Should not be used indiscriminately. Use with caution in patients who have previously exhibited severe adverse reactions to other phenothiazines. Likelihood of untoward actions is greater with high doses. Closely supervise with any dosage. The antiemetic effect of perphenazine may obscure signs of toxicity due to overdosage of other drugs or make more difficult the diagnosis of disorders such as brain tumor or intestinal obstruction. A significant, not otherwise explained, rise in body temperature may suggest individual intolerance to perphenazine, in which case discontinue.

If hypotension develops, epinephrine should not be employed, as its action is blocked and partially reversed by perphenazine. Phenothiazines may potentiate the action of central nervous system depressants (opiates, analgesics, antihistamines, barbiturates, alcohol) and atropine. In concurrent therapy with any of these, TRIAVIL should be given in reduced dosage. May also potentiate the action of heat and phosphorous insecticides.

**Amitriptyline:** In manic-depressive psychosis, depressed patients may experience a shift toward the manic phase if they are treated with an antidepressant. Patients with paranoid symptomatology may have an exaggeration of such symptoms. The tranquilizing effect of TRIAVIL seems to reduce the likelihood of this effect. When amitriptyline HCl is given with anticholinergic agents or sympathomimetic drugs, including epinephrine combined with local anesthetics, close supervision and careful adjustment of dosages are required.

Caution is advised if patients receive large doses of ethchlorvynol concurrently. Transient delirium has been reported in patients who were treated with 1 g of ethchlorvynol and 75-150 mg of amitriptyline HCl.

Amitriptyline HCl may enhance the response to alcohol and the effects of barbiturates and other CNS depressants.

Concurrent administration of amitriptyline HCl and electroshock therapy may increase the hazards associated with such therapy. Such treatment should be limited to patients for whom it is essential. Discontinue several days before elective surgery if possible. Elevation and lowering of blood sugar levels have both been reported.

**ADVERSE REACTIONS:** Similar to those reported with either constituent alone.

**Perphenazine:** Side effects may be any of those reported with phenothiazine drugs: extrapyramidal symptoms (opisthotonus, oculogyric crisis, hyperreflexia, dystonia, akathisia, acute dyskinesia, ataxia, parkinsonism) can usually be controlled by the concomitant use of effective antiparkinsonian drugs and/or by reduction in dosage, but sometimes persist after discontinuation of the phenothiazine.

Tardive dyskinesia may appear in some patients on long-term therapy or may occur after drug therapy with phenothiazines and related agents has been discontinued. The risk appears to be greater in elderly patients on high-dose therapy, especially females. Symptoms are persistent and in some patients appear to be irreversible. The syndrome is characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements). Involuntary movements of the extremities sometimes occur. There is no known treatment for tardive dyskinesia; antiparkinsonism agents usually do not alleviate the symptoms. It is advised that all antipsychotic agents be discontinued if the above symptoms appear. If treatment is reinstituted, or dosage of the particular drug increased, or another drug substituted, the syndrome may be masked. It has been suggested that fine vermicular movements of the tongue may be an early sign of the syndrome, and that the full-blown syndrome may not develop if medication is stopped when lingual vermiculation appears.

Other side effects are skin disorders (photosensitivity, itching, erythema, urticaria, eczema, up to exfoliative dermatitis); other allergic reactions (asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions); peripheral edema; reversed epinephrine effect; hyperglycemia; endocrine disturbances (lactation, galactorrhea, gynecomastia, disturbances of menstrual cycle); altered cerebrospinal fluid proteins; paradoxical excitement; hypertension, hypotension, tachycardia, and ECG abnormalities (quinidine-like effect); reactivation of psychotic processes; catatonic-like states; autonomic reactions, such as dry mouth or salivation, headache, anorexia, nausea, vomiting, constipation, obstipation, urinary frequency or incontinence, blurred vision, nasal congestion, and a change in pulse rate; hypnotic effects; pigmentary retinopathy; corneal and lenticular pigmentation; occasional lassitude, muscle weakness, mild insomnia. Other adverse reactions reported with various phenothiazine compounds include blood dyscrasias (pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia); liver damage (jaundice, biliary stasis); grand mal convulsions; cerebral edema; polyphagia; photophobia; skin pigmentation; and failure of ejaculation.

**Amitriptyline:** Note: Listing includes a few reactions not reported for this drug, but which have occurred with other pharmacologically similar tricyclic antidepressant drugs. *Cardiovascular:* Hypotension; hypertension; tachycardia; palpitation; myocardial infarction; arrhythmias; heart block; stroke. *CNS and Neuromuscular:* Confusional states; disturbed concentration; disorientation; delusions; hallucinations; excitement; anxiety; restlessness; insomnia; nightmares; numbness, tingling, and paresthesias of the extremities; peripheral neuropathy; incoordination; ataxia; tremors; seizures; alteration in EEG patterns; extrapyramidal symptoms; tinnitus. *Anticholinergic:* Dry mouth; blurred vision; disturbance of accommodation; constipation; paralytic ileus; urinary retention; dilatation of urinary tract. *Allergic:* Skin rash; urticaria; photosensitization; edema of face and tongue. *Hematologic:* Bone marrow depression including agranulocytosis; leukopenia; eosinophilia; purpura; thrombocytopenia. *Gastrointestinal:* Nausea; epigastic distress; vomiting; anorexia; stomatitis; peculiar taste; diarrhea; parotid swelling; black tongue. *Endocrine:* Testicular swelling and gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido; elevated or lowered blood sugar levels. *Other:* Dizziness, weakness; fatigue; headache; weight gain or loss; increased perspiration; urinary frequency; mydriasis; drowsiness; jaundice; alopecia. *Withdrawal Symptoms:* Abrupt cessation after prolonged administration may produce nausea, headache, and malaise. These are not indicative of addiction.

**OVERDOSAGE:** Treatment is symptomatic and supportive. However, the intravenous administration of 1-3 mg of physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. On this basis, in severe overdosage with perphenazine-amitriptyline combinations, symptomatic treatment of central anticholinergic effects with physostigmine salicylate should be considered.

*For more detailed information, consult your MSD Representative or see full Prescribing Information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486.*

MSD
MERCK SHARP & DOHME

Elderly... doesn't get out much anymore...whole world slowed down.

# constipation:

Poor eating habits...often, on various constipating drugs...inactive, frequently debilitated...weakened muscles ...sluggish, atonic bowel. Result—in many oldsters—constipation.

# laxation:

Gentle, predictable and easy-to-take SENOKOT Tablets or Granules. Taken at bedtime, they usually induce comfortable evacuation in the morning. Leave your older patient feeling more like getting up and around.

Supplied: SENOKOT Tablets (small, easy-to-swallow)—Bottles of 50 and 100. SENOKOT Granules (delicious, cocoa-flavored)—4, 8 and 16 ounce (1 lb.) canisters.

# Senokot

(standardized senna concentrate)

## Tablets/Granules

## a natural laxative

Purdue Frederick

A7031 128673

# In Gonorrhea

## Injection WYCILLIN®

## (sterile procaine penicillin G suspension) Wyeth

**Penicillin in large doses remains the drug of choice in therapy of gonorrhea. Among penicillins, first choice recommended by the national Center for Disease Control for parenteral therapy of uncomplicated gonorrhea is aqueous procaine penicillin G.**

**Administration of 4.8 million units together with 1 gram oral probenecid, preferably given at least 30 minutes prior to injection, is recommended in treatment of uncomplicated gonorrhea.**

**Indications:** In treatment of moderately severe infections due to penicillin G-sensitive microorganisms sensitive to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

**NOTE:** When high sustained serum levels are required use aqueous penicillin G, IM or IV.

The following infection will usually respond to adequate dosages of intramuscular procaine penicillin G.—*N. gonorrhoeae:* acute and chronic (without bacteremia).

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

**Contraindications:** Previous hypersensitivity reaction to any penicillin.

**Warnings:** Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy.

*Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen and intravenous corticosteroids should also be administered as indicated.*

Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents e.g., pressor amines, antihistamines and corticosteroids.

**Precautions:** Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage.

A small percentage of patients are sensitive to procaine. If there is a history of sensitivity, make the usual test: Inject intradermally 0.1 cc. of a 1 to 2 percent procaine solution. Development of an erythema, wheal, flare or eruption indicates procaine sensitivity. Sensitivity should be treated by the usual methods, including barbiturates, and procaine penicillin preparations should not be used. Antihistaminics appear beneficial in treatment of procaine reaction.

The use of antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, discontinue penicillin and take appropriate measures.

If allergic reaction occurs, withdraw penicillin unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy.

When treating gonococcal infections with suspected primary or secondary syphilis, perform proper diagnostic procedures, including darkfield examinations. In all cases in which concomitant syphilis is suspected, perform monthly serological tests for at least four months.

**Adverse Reactions:** (Penicillin has significant index of sensitization) skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported. (See "Warnings.")

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

**Administration and Dosage:** Administer only by *deep intramuscular injection,* in upper outer quadrant of buttock. In infants and small children, midlateral aspect of thigh may be preferable. When doses are repeated, vary injection site. Before injection, aspirate to be sure needle bevel is not in blood vessel. If blood appears, remove needle and inject in another site.

Although some isolates of *Neisseria gonorrhoeae* have decreased susceptibility to penicillin, this resistance is relative, not absolute, and penicillin in large doses remains the drug of choice. Physicians are cautioned not to use less than recommended doses.

Gonorrheal infections (uncomplicated) — Men or Women: 4.8 million units intramuscularly divided into at least two doses and injected at different sites at one visit, together with 1 gram of oral probenecid, preferably given at least 30 minutes prior to injection.

**NOTE:** Treatment of severe complications of gonorrhea should be individualized using large amounts of short-acting penicillin. Gonorrheal endocarditis should be treated intensively with aqueous penicillin G. Prophylactic or epidemiologic treatment for gonorrhea (male and female) is accomplished with same treatment schedules as for uncomplicated gonorrhea.

**Retreatment:** The National Center for Disease Control, Venereal Disease Branch, U.S. Dept. H.E.W. recommends:

Test cure procedures at approximately 7-14 days after therapy. In the male, a gram-stained smear is adequate if positive; otherwise, a culture specimen should be obtained from the anterior urethra. In the female, culture specimens should be obtained from both the endocervical and anal canal sites.

Retreatment in males is indicated if urethral discharge persists 3 or more days following initial therapy and smear or culture remains positive. Follow-up treatment consists of 4.8 million units. I.M. divided in 2 injection sites at single visit.

In uncomplicated gonorrhea in the female, retreatment is indicated if follow-up cervical or rectal cultures remain positive for *N. gonorrhoeae.* Follow-up treatment consists of 4.8 million units daily on 2 successive days.

Syphilis: all gonorrhea patients should have a serologic test for syphilis at the time of diagnosis. Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

**Composition:** Each TUBEX® disposable syringe 2,400,000 units (4-cc. size) contains procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer, and as w/v approximately 0.7% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. The multiple-dose 10-cc. vial contains per cc. 300,000 units procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer and approximately 7 mg. lecithin, 2 mg. carboxymethylcellulose, 3 mg. polyvinylpyrrolidone, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

# Denise has VD.

## Let's keep it from getting around.

Actual new cases of infectious syphilis apparently reached the 100,000 mark during the past year; new cases of gonorrhea, more than 2.5 million. That VD is rampant again is due, in large part, to the multiple contacts of teenagers like Denise.

By administering adequate doses of the recommended types of penicillin, you can usually cure VD in the beginning stages. And destroy another link in the chain of infection.

# In Syphilis

Injection

## BICILLIN® Long-Acting (sterile benzathine penicillin G suspension) Wyeth

**Benzathine penicillin G...a drug of choice recommended by the national Center for Disease Control in all stages of syphilis and in preventive treatment after exposure.**

**Administration of 2.4 million units (1.2 million in each buttock) of benzathine penicillin G usually • cures most cases of primary, secondary and latent syphilis with negative spinal fluid • helps break chain of infection • minimizes chance of immediate reinfection.**

**Indications:** In treatment of infections due to penicillin G-sensitive microorganisms that are susceptible to the low and very prolonged serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

The following infections will usually respond to adequate dosage of intramuscular benzathine penicillin G.—Venereal infections: Syphilis, yaws, bejel and pinta.

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

**Contraindications:** Previous hypersensitivity reaction to any penicillin.

**Warnings:** Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens.

Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

**Precautions:** Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms including fungi. Take appropriate measures should superinfection occur.

**Adverse Reactions:** Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high doses of parenteral penicillin.

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

**Administration and Dosage:** Venereal infections—

Syphilis—Primary, secondary and latent—2.4 million units (1 dose).

Late (tertiary and neurosyphilis)—2.4 million units at 7 day intervals for three doses.

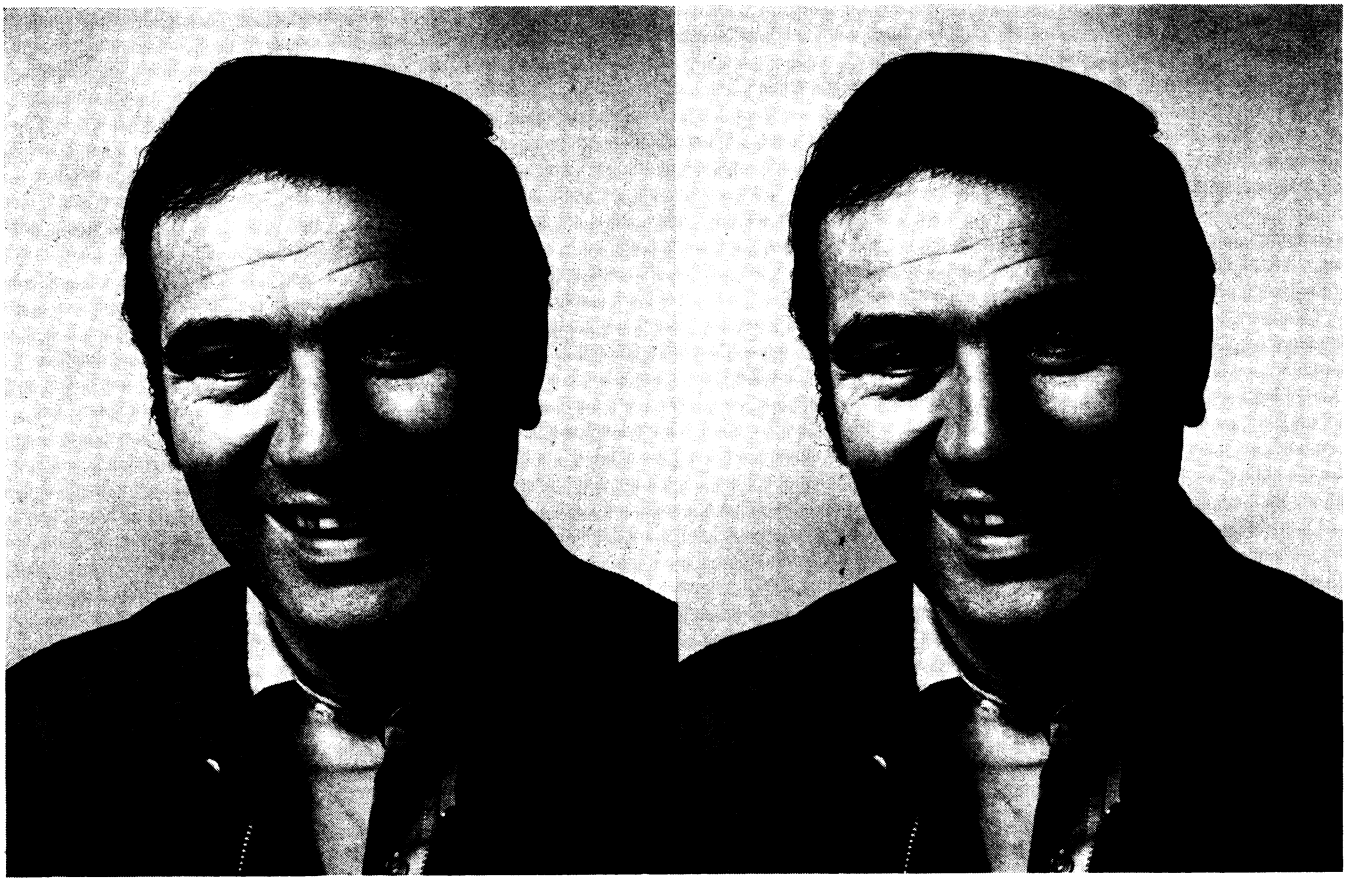
Congenital—under 2 years of age, 50,000 units/Kg. body weight; ages 2-12 years, adjust dosage based on adult dosage schedule.

**(Shake multiple-dose vial vigorously before withdrawing the desired dose.)** Administer by **deep intramuscular injection** in the upper outer quadrant of the buttock. In infants and small children, the midlateral aspect of the thigh may be preferable. When doses are repeated, vary the injection site. Before injecting the dose, aspirate to be sure needle bevel is not in a blood vessel. If blood appears, remove the needle and inject in another site.

**Composition:** 2,400,000 units in 4-cc. single dose disposable syringe. Each TUBEX disposable syringe also contains in aqueous suspension with sodium citrate buffer, as w/v approximately 0.5% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. Units benzathine penicillin G (as active ingredient); 300,000 units per cc.—10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg. lecithin, 3 mg. polyvinylpyrrolidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

**Wyeth Laboratories** • Philadelphia, Pa. 19101

# Case history #3



## Robert's well-being comes first.

## Robert's being well comes first.

Robert is a paraplegic. On July 2, 1962, while working as a truck driver, he sustained a serious injury to his spinal cord. The resulting paraplegia made his chances for returning to work seem poor.

State Fund acted immediately, cooperating and assisting with initial treatment and commencing disability payments. The State Fund staff, including its rehabilitation specialists, assisted others in the medical community in helping this severely injured patient and his family to adjust to his disability.

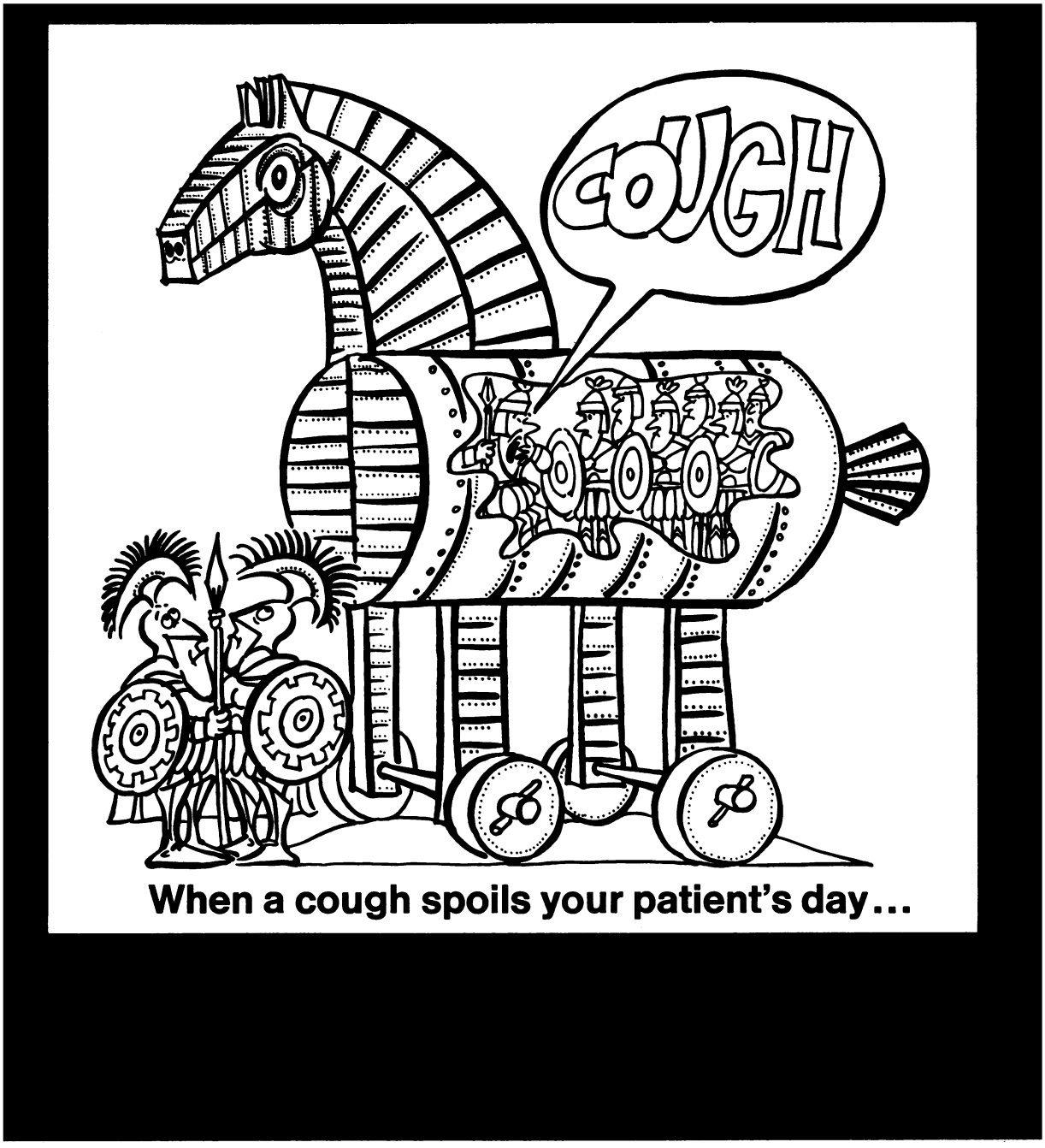
He progressed steadily in his rehabilitation. In 1970, he decided to take advantage of State Fund's *Therapeutic Capitalization* program (THERACAP). The projected cost of his total future medical needs was determined, and in cooperation with Robert, State Fund arranged for the investment of this amount in secure mutual funds.

THERACAP has given Robert and his family financial security with a potential for growth. As of March, 1973, his capital investment had increased $14,000.

Through his own courage and determination, Robert has taken advantage of the assistance available and has re-established himself as an independent and productive person. Another example of teamwork between the injured, the medical community and State Fund.

Conserving your human resources is our only business

STATE COMPENSATION INSURANCE FUND




**When a cough spoils your patient's day...**

# Triaminic® Expectorant

**Each teaspoonful (5 ml.) contains:**

Triaminic, 25 mg. (phenylpropanolamine hydrochloride, 12.5 mg.; pheniramine maleate, 6.25 mg.; pyrilamine maleate, 6.25 mg.); glyceryl guaiacolate, 100 mg.; alcohol, 5%.

When an antitussive is also desired, the same formulation plus 10 mg. codeine phosphate is available as **Triaminic Expectorant with Codeine.** (A Schedule V Controlled Substance.)

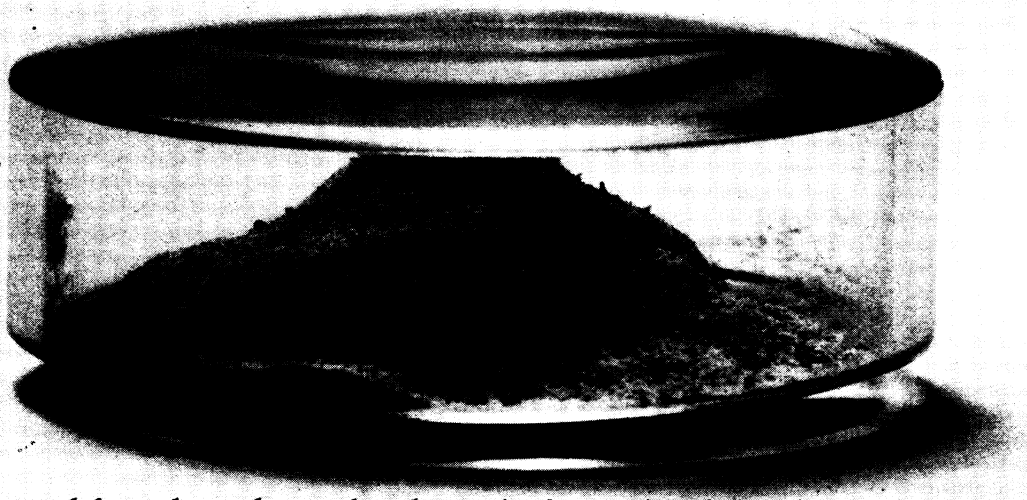
## The Adult Expectorant that is great for kids, too.

Dorsey Laboratories/Division of Sandoz-Wander, Inc./Lincoln, Nebraska 68501

BO–SB

IN NATURAL THYROID THERAPY:

# ARE PATIENTS GETTING THE POTENCY YOU PRESCRIBE?



Unlike U.S.P. desiccated thyroid, Proloid®(thyroglobulin) offers the assurance of constant potency.

To begin with, Proloid is uniquely purified. The thyroglobulin extracted from hog thyroid is devoid of any glandular debris.

Then, Proloid is chemically and biologically assayed to assure consistent metabolic activity from batch to batch. The $T_4$ and $T_3$ content of every dose is blended for optimal thyroid replacement.

Important, too, is the fact that Proloid is invariably "fresh" when your patients take it. Under proper storage conditions, its potency will not diminish for at least four years.

All of which adds up to this: the potency of Proloid is constant...for more consistent results.

## PROLOID®
## (thyroglobulin)

**natural thyroid therapy that leaves nothing to chance**

# situation:

Impaired cardiac status . . . straining at stool may be hazardous. . .

# constipation:

Restricted physical activity . . . often, major changes in customary daily routine . . . constipating medications. . .

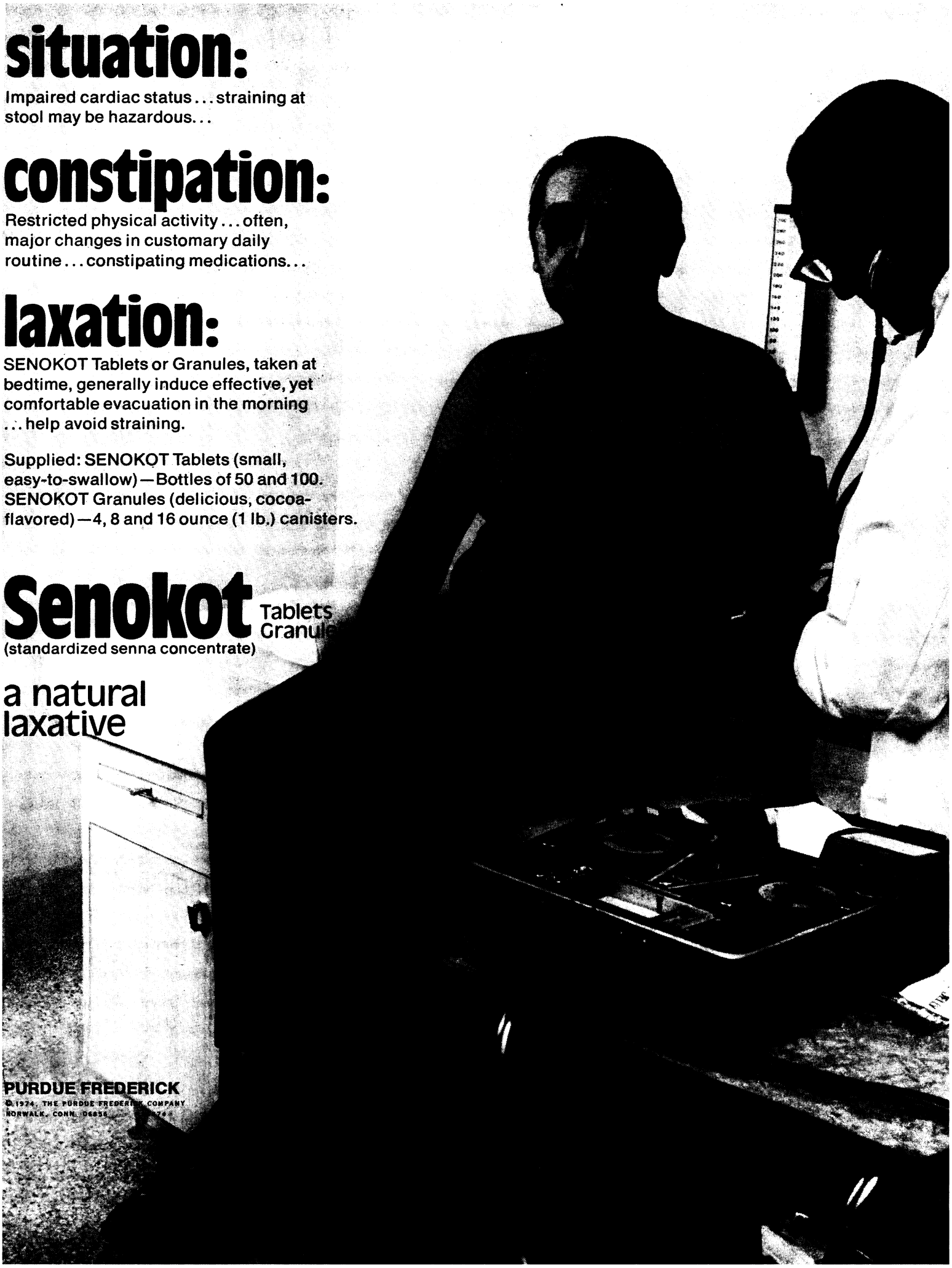
# laxation:

SENOKOT Tablets or Granules, taken at bedtime, generally induce effective, yet comfortable evacuation in the morning . . . help avoid straining.

Supplied: SENOKOT Tablets (small, easy-to-swallow)—Bottles of 50 and 100. SENOKOT Granules (delicious, cocoa-flavored)—4, 8 and 16 ounce (1 lb.) canisters.

**Senokot** Tablets Granules
(standardized senna concentrate)

a natural laxative



**PURDUE FREDERICK**

*The Weight of Professional Opinion*

# *It's time for action to defend the laws and regulations that protect your patients against drug substitution.*

**These professional and trade organizations are united in supporting antisubstitution statutes and regulations:**

The American Academy of Dermatology

The Board of Directors of the American Academy of Family Physicians

The Executive Board of the American Academy of Neurology

The Committee on Drugs of the American Academy of Pediatrics

The American College of Allergists

The Executive Committee of the American College of Obstetricians and Gynecologists

The Board of Regents of the American College of Physicians

The Board of Trustees of the American Dental Association

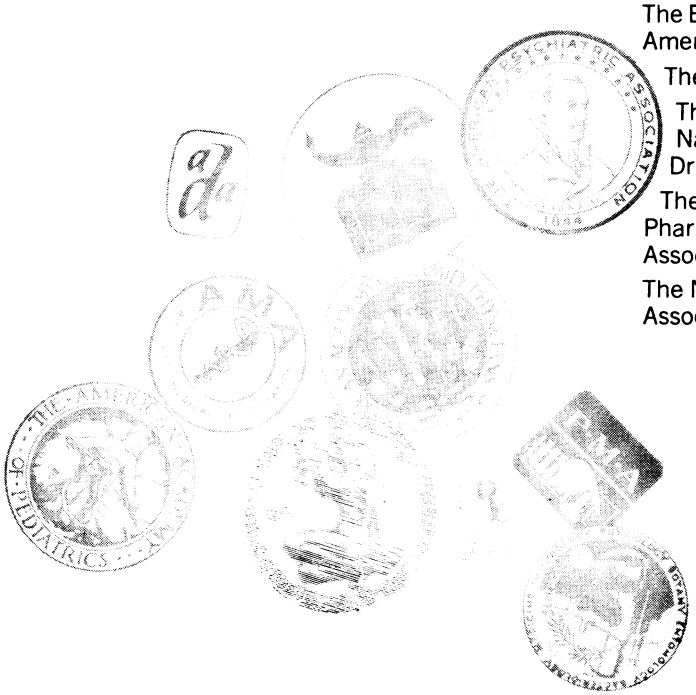
The Board of Trustees of the American Medical Association

The American Psychiatric Association

The Executive Committee of the National Association of Retail Druggists

The Board of Directors of the Pharmaceutical Manufacturers Association

The National Wholesale Druggists' Association



## Joint Statement on Antisubstitution Laws and Regulations

The purpose of this statement is to affirm the support of the participating organizations for the laws, regulations and professional traditions which prohibit the unauthorized substitution of drug products.

Traditionally, physicians, dentists and pharmacists have worked cooperatively to serve the best interests of patients. Productive cooperation has been achieved through mutual respect as well as a common concern for the ideals of public service. This mutual respect has been reflected, in part, by joint support over the years for the adoption and enforcement of laws and regulations specifically prohibiting unauthorized substitution and encouraging joint discussion and selection of the source of supply of drug products. The basic principles of medical, dental and pharmacy practice are thus utilized and preserved in the interest of patient welfare.

The antisubstitution laws have not obstructed enhancement of the professional status of pharmacy any more than they have in and of themselves guaranteed absolute protection from unsafe drugs, or freed physicians, dentists and pharmacists from their responsibilities to patients. As a practical matter, however, such laws and regulations encourage interprofessional communications regarding drug product selection and assure each profession the opportunity to exercise fully its expertise in drug usage, to the advantage of patients.

Physicians and dentists should be urged to increase the frequency and regularity of their contacts with pharmacists in selection of quality drug products, recognizing that economies to patients can be improved through such communication, taking into account the patients' needs. The pharmacist's knowledge of the chemical characteristics of drugs, their mode of action, toxic properties and other characteristics that assist in making drug selection decisions should be utilized to the fullest extent practicable by physicians and dentists in serving their patients.

Since drug product selection entails knowledge derived from clinical experience, the physician's and dentist's roles in product selection remain primary and do not permit delegation of decisions requiring medical and dental judgments. A broader role in therapy will evolve for pharmacists as improved understanding and cooperation among the professions continue to grow.

There has been no evidence that there are convincing reasons to modify or repeal existing laws and regulations prohibiting the unauthorized substitution of another drug product for the one specified by a prescriber. It is our belief that such laws and regulations merit the joint support of the medical, dental and pharmaceutical professions and the pharmaceutical industry.

Add your opinion to the weight of other professionals and send it to your state assemblyman or legislator.

*Pharmaceutical Manufacturers Association*
*1155 Fifteenth Street, N.W., Washington, D. C. 20005*

# The irritations of man's day are often reflected in his gut.

The causes of irritable colon and the diarrheal symptoms that often accompany it can be as diverse as the systemic and emotional irritations man is faced with daily.

Although the mucoid nature of stools and the occurrence of diarrheal episodes coincident with times of emotional stress may be valuable clues to the functional nature of the disorder, irritable colon must often be diagnosed by exclusion. Such diagnostic exploration takes time. Discovery of the nature of any emotional problems may take more. During that time, Lomotil® is an ideal agent for controlling diarrheal symptoms.

Lomotil tablets or liquid are easy to carry and easy to take. They act promptly and effectively. Secondary effects are relatively infrequent and, once the first force of the diarrhea is controlled, maintenance is frequently effective on as little as one fourth of the initial dosage.

These same characteristics make Lomotil useful in controlling the diarrhea associated with gastroenteritis, antibiotic therapy and acute infections.


# Lomotil®

**TABLETS/LIQUID**

Each tablet and each 5 ml. of liquid contain:
diphenoxylate hydrochloride . . . 2.5 mg.
(Warning: May be habit forming)
atropine sulfate . . . . . 0.025 mg.

## takes care of the gut issue in irritable colon

***IMPORTANT INFORMATION:*** *This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL* IS NOT *AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.*

*Indications:* Lomotil is effective as adjunctive therapy in the management of diarrhea.

*Contraindications:* In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

*Warnings:* Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

*Usage in pregnancy:* Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

*Precautions:* Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

*Adverse reactions:* Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

*Dosage and administration:* ***Lomotil is contraindicated in children less than 2 years old.*** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

*Overdosage:* Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

*Dosage forms: Tablets,* 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

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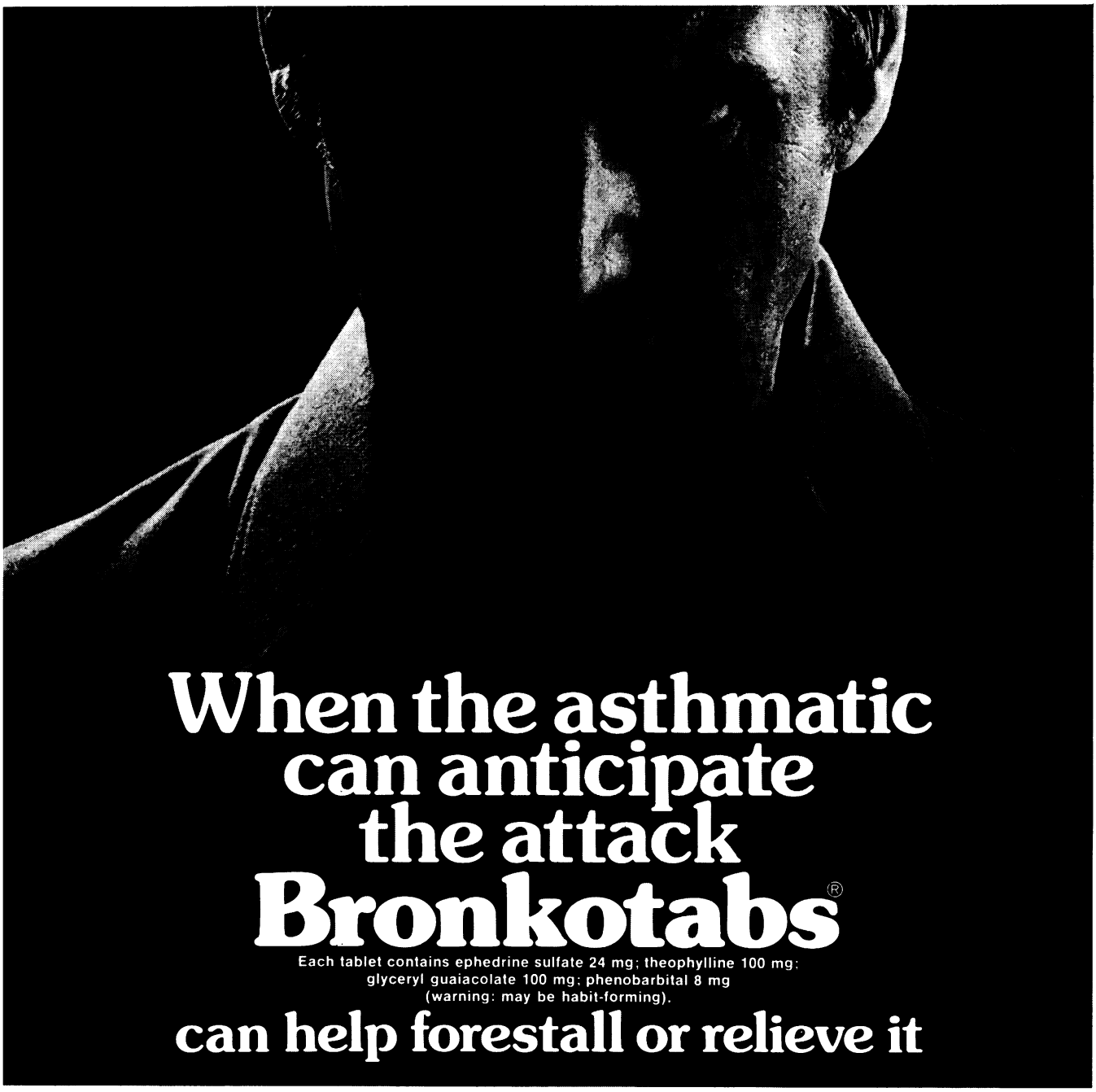

# When the asthmatic can anticipate the attack Bronkotabs®

Each tablet contains ephedrine sulfate 24 mg; theophylline 100 mg; glyceryl guaiacolate 100 mg; phenobarbital 8 mg (warning: may be habit-forming).

## can help forestall or relieve it

Why day to day maintenance therapy with Bronkotabs helps control asthmatic attacks:

Bronkotabs relieves bronchospasm to open airways and help keep them open.

Bronkotabs thins mucus to help clear the tracheobronchial tree. Bronkotabs decongests bronchiolar mucosa to improve the passage of air. Economical long-term therapy.


PRECAUTIONS AND ADVERSE EFFECTS: Sympathomimetic side effects are minimal, and there are none of the dangers or side effects associated with steroid therapy. However, frequent or prolonged use may cause nervousness, restlessness or sleeplessness. Should be used with caution in the presence of hypertension, heart disease or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

DOSAGE: Adults, one tablet every three or four hours, four or five times daily. Children over six, one-half the adult dose. Children under six, as directed.

SUPPLIED: Bottles of 100 and 1,000 tablets.

BREON

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